

Born in Cleveland ☒ YES ☐ NO

PLEASE  
LETTER  
PLAINLY  
OR TYPE

Collaborator if any \_\_\_\_\_

Artist

SAMUEL

BUTNIK

FIRST NAME

LAST NAME

Address

1852 COMPTON RD. CLEVELAND 18, CUYAHOGA

NO.

STREET

CITY

ZONE

COUNTY

Tel.

YE 24514

STUDIO 391-4793

Out-of-town residents should state whether return shipment is required. ☐ YES ☐ NO

Please enclose Registration Fee of \$2:00 (Check or Money Order) with Entry Blank..

NUMBER FOR  
SALE

NUMBER IN  
EDITION  
(Graphic Prts.)

PRICE

TITLE

MEDIUM

CLASS

DO NOT WRITE IN  
THESE COLUMNS[illegible]

**SUBMIT ENTRY BLANK NO LATER THAN MARCH 11, 1963.**

Use second blank if required

## IMPORTANT

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Samuel Buttrick

SIGNATURE

REC'D MAR 11 1963